## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED May 14, 2002 8:00 am Secretary of State

Millennium Real Property Investments, Inc.    DO NOT WRITE IN THIS SPACE	y Name	DOCUMENT # P00000054173		
DO NOT WRITE IN THIS SPACE  2. Principal Place of Business P O Box 5363  Sure, Apt. \$\( \text{state} \)  Sure, Apt. \$\( \text{state} \)  City & State  Sarasota, FL  Country USA  DO NOT WRITE  Country USA  DO NOT WRITE  Country USA  DO NOT WRITE  IN THIS SPACE  Country USA  DO NOT WRITE  IN THIS SPACE  DO NOT WRITE  IN THIS SPACE  City & State  Sarasota, FL  Country USA  DO NOT WRITE  IN THIS SPACE  City & State  Sureal Address PD, Box Number is Not Acceptable)  Street Address PD, Box Number is Not Acceptable)  City Bradenton  FL  Sureal Address of Current Registered Agent  Name — Galvano, William and Address of Current Registered Agent  Name — Galvano, William and Address of Current Registered Agent  Name — Galvano, William and Address of Current Registered Agent  Street Address PD, Box Number is Not Acceptable)  City Bradenton  FL  Sureal Address PD, Box Number is Not Acceptable)  Bradenton  FL  Sureal Address PD, Box Number is Not Acceptable)  City Bradenton  FL  Sureal Address PD, Box Number is Not Acceptable)  Annual Address PD, Box Number is Not Acceptable)  DATE  Sureal Address PD, Box Number is Not Acceptable)  This corporation is eligible to setisfy its Intengible  Tax filing requirement and elects to do so.  See criteria on back)  Annual Place is \$550.000  Annual Place is \$550.000  Trust Fund Contribution.  DATE  SIENT ADDRESS  TOO S Tamiami Trail  TILE  MMK  SIERT ADDRESS  SIERT ADDRESS	llennium Real Property			
2. Principal Place of Business P O Box 5363  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State Sarasota, FL  City & State Sarasota, FL  County USA  DO NOT WRITE IN THIS SPACE  City & State Sarasota, FL  County USA  The above named entity submits this statement for the purpose of changing its registered office or registered agent. The above named entity submits this statement for the purpose of changing its registered office or registered agent. The above named entity submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida.  SIGNATURE Signature, typed or pretod name of negistered agent and the # expiciable.  IN THIS Corporation is eligible to satisfy its intangible Tax filling requirement and elects to do so.  (See criteria on back)  DOP FICERS AND DIRECTORS  INC. Engistered Agent Spoulure required when revisiting for the purpose of changing its segistered office or registered agent or both, in the State of Florida.  10 Election Campaign Financing Trust Fund Contribution.  \$5.00 May Engistered Department of State Security State Stat			1	03-14-2002 90009 013 ***130.00
2. Principal Place of Business P O Box 5363  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State Sarasota, FL  County USA  S. Certificate of Status Desired \$8.75 Additional Fee Required Fee Required Name and Address of Current Registered Agent Name Cal Vanon, William S:  City Bradenton FL  Street Address, P O, Box Number is Not Acceptable)  City Bradenton FL  Signature, typed or prived none of registered agent and tells if applicable.  INDIE: Registered Agent Septimizer required when revisating) DATE  9. This corporation is eligible to satisfy its Intangible Tax Kiling requirement and elects to do so.  (See criteria on back)  OFFICERS AND DIRECTORS  INCE: Registered INCE: Registered Agent Septimizer required when revisating)  Trust Fund Contribution.  Added to Fees  \$5.00 May E Added to Fees  TILL MAKE Hroncich, Nicholas 1700 S Tamlami Trail  Street ADDRESS			•	
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Secretificate of Status Desired   \$8.75 Additional Fee Required   \$8.75 Additional   \$8.75 Addition	asota, FL	Sarasota, FL		65-1023673
DO NOT WRITE IN THIS SPACE    Street Address   P.O. Box Number is Not Acceptable	77 Country USA	<sup>Zip</sup> 34277	Country USA	5. Certificate of Status Desired
Street Address (P.O. Box Number is Not Acceptable)  City Bradenton FL 34265  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE   Signature, typed or printed name of registered agent and tell if applicable. (INOTE: Registered Agent signature required when reinstating)  9. This corporation is elligible to satisfy its Intangible Tax filling requirement and efects to do so. (See criteria on back)    Make Check Payable to Department of State				7. Name and Address of Current Registered Agent
Street Address (P.O. Box Number is Not Acceptable)  City Bradenton FL 34265  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE Signature, typed or printed name of registered agent and trile if applicable. (NOTE: Registered Agent signature required when reinstating)  9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)  11. OFFICERS AND DIRECTORS  11. STREET ADDRESS  17. OFFICERS AND DIRECTORS  18. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May E Added to Fees  11. OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  11. STREET ADDRESS  17. OFFICERS AND DIRECTORS  18. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  10. Election Campaign Financing Trust Fund Contribution.  35.00 May E Added to Fees  17. OFFICERS AND DIRECTORS  18. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  10. Election Campaign Financing Trust Fund Contribution.  STREET ADDRESS  17. OFFICERS AND DIRECTORS  18. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  10. Election Campaign Financing Trust Fund Contribution.  STREET ADDRESS  17. OFFICERS AND DIRECTORS  18. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.	DO NOT WRITE		Gal	vano, William S
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Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)  11. OFFICERS AND DIRECTORS  11. STREET ADDRESS  17. OFFICERS AND DIRECTORS  18. Election Campaign Financing Trust Fund Contribution.  19. Election Campaign Financing Trust Fund Contribution.  10. Election Campaign Financing Trust Fund Contribution.  10. Election Campaign Financing Trust Fund Contribution.  11. OFFICERS AND DIRECTORS  11. STREET ADDRESS  17. OFFICERS AND DIRECTORS  18. Election Campaign Financing Trust Fund Contribution.  19. Election Campaign Financing Trust Fund Contribution.  10. Election Campaign Financing Trust Fund Contribution.  11. STREET ADDRESS  12. STREET ADDRESS  13. STREET ADDRESS  14. STREET ADDRESS  15. OFFICERS AND DIRECTORS  16. Election Campaign Financing Trust Fund Contribution.  17. STREET ADDRESS  18. STREET ADDRESS  19. STREET ADDRESS  19. STREET ADDRESS  10. Election Campaign Financing Trust Fund Contribution.  10. Election Campaign Financing Trust Fund Contribut		· · ·	,	See agona of both, in the state of Horida.
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13. I hereby certify that the information supplied with this filing cops not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information of the corporation or the receiver or further certify that the information of the corporation or the receiver or further certify that the information of the corporation or the receiver or further certify that the information of the corporation or the receiver or further certify that the information of the corporation or the receiver or further certify that the information of the corporation of the receiver or further certify that the information of the corporation of the receiver or further certify that the information of the corporation of the receiver or further certify that the information of the corporation of the receiver or further certify that the information of the corporation of the receiver or further certify that the information of the corporation of the receiver or further certification of the corporation of the receiver or further certification of the corporation of the receiver or further certification of the receiver or further certification of the corporation of the receiver or further certification of the corporation of the receiver or further certification of the corporation of the receiver or further certification of the receiver or further certification of the corporation of the receiver or further certification or further certification or further certification or further certific	D/S Hroncich, Anthony 1700 S Tamiami Trai Sarasota, FL 3423	9 CI TII NA STI TII NA STI STI STI	ITY-ST-ZIP  ITLE  AME  ITEET ADDRESS  ITY-ST-ZIP  TLE  AME  REET ADDRESS	IIIO GIAGL

Indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director attachment with an address, with all other like empowered.

SIGNATURE: \_

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Day

Daytime Phone #